



Building Permit Application

Public Works and Community Development Departments

Received by: _____

Office use only

Permit No. _____

Office use only

Permit Type	Construction Project Type	Fire
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Grade & Fill <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Residential Registered <input type="checkbox"/> Residential Basic <input type="checkbox"/> Other _____	<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Storage Tank <input type="checkbox"/> Fireworks Stand <input type="checkbox"/> Other _____

☐ New
 ☐ Addition
 ☐ Remodel

Description of work: _____

Parcel Number(s): (required) _____

Site Address: _____

Contractor name: (required)

Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

L&I License: _____ Expires: _____

Applicant name: (required)

Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

Owner name: (required)

Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

Type(s) of construction ☐ IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IVA ☐ IVB ☐ VA ☐ VB

Proposed Use _____ Value of proposed work: \$ _____

Existing Use(s) _____ Value of existing building: \$ _____

Occupancy Use(s) _____

☐ Water Availability Certificate submitted

☐ Sewer Availability Certificate submitted

☐ KC Health Dept. septic approval submitted

(Over)

Indicate individual building areas and total existing and proposed area

1st Floor _____ sqft Basement _____ sqft Porches _____ sqft
2nd Floor _____ sqft Garage _____ sqft Total Existing Area _____ sqft
3rd Floor _____ sqft Decks _____ sqft Total Proposed Area _____ sqft

Plumbing Fixture Count (indicate the number of each fixture)

	Water closets		Sinks		Dishwashers		Lavatories
	Bathtubs		Water heaters		Washing machines		Gas piping
	Showers		Floor drains		Sump or trap		Other
	Hose bibs		Urinals		Drinking Fountain		Total fixtures

Value of plumbing work only: \$**Mechanical Fixture Count (indicate the number of each fixture)**

	Furnace < 100k BTUs		Boiler(s)		Gas log set(s)		Unit heaters
	Furnace > 100k BTUs		Whole house fan(s)		Woodstove(s)		Ductwork
	Radiant heat system(s)		Exhaust fan(s)		Barbeque(s)		Gas piping
	Heat Pumps		Exhaust Hoods(s)		Air handling units		Other(s)

Value of mechanical work only: \$**Fuel Type:**

Applicant's Signature: _____ **Date:** _____
(Required)

Owner's Signature: _____ **Date:** _____
(Required)

Agent's Signature: _____ **Date:** _____
(If you are acting as an owner's agent, you must provide proof of agency.)

By affixing my signature hereto, I certify under penalty of perjury that the information furnished herein is true and correct to the best of my knowledge and that I am the owner of the premises where the work is to be performed or am acting as the owner's authorized agent. I further agree to hold harmless the City of Maple Valley as to any claim (including costs, expenses and attorney's fees incurred in the investigation of such claim) which may be made by any person, including the undersigned, and filed against the City of Maple Valley, but only where such claim arises out of the reliance of the City, including its officers and employees, upon the accuracy of the information provided to the City as a part of this application.